



**Testimony from Kevin Borrup, DrPH, JD, MPA
to the Public Health Committee
to the Appropriations Committee regarding *House Bill 5037*
*An Act Adjusting the State Budget for the Biennium Ending June 30, 2023***

February 23, 2022

Senator Osten, Representative Walker, members of the Appropriations Committee, thank you for the opportunity to submit testimony for the committee's consideration regarding the Department of Social Services (DSS) adjustments.

My name is Kevin Borrup and I am the Executive Director of the Injury Prevention Center, housed within the Office for Community Child Health at Connecticut Children's Medical Center. My testimony today will be focused on supporting community violence prevention and intervention programs, which help keep kids and families safe.

Before commenting on the bill, I want to provide some background about the Office for Community Child Health (OCCH). At Connecticut Children's, we know that only about 10% of children's overall health and well-being is determined by the health care services they receive. Furthermore, 80 to 90% of our desired outcomes for children are driven by social, environmental, and behavioral factors. OCCH works to improve the social determinants of health such as housing, transportation, food and nutrition, and family support services. We know that strong families, healthy homes, and healthy communities build healthy children. The coronavirus pandemic has unfortunately only served to exacerbate many of the existing social and economic challenges facing families and we believe that the work we do within OCCH is now more important than ever. Supporting and strengthening community violence prevention services is part of this work.

To that end, we would urge state leaders to support Medicaid reimbursement for community violence intervention services. Connecticut Children's along with many of our hospital and community-based partners work together to strengthen existing hospital-based violence intervention programs (HVIPs) and to build new programs and partnerships where they do not exist already. When people are hurt badly in our communities, they end up at Connecticut Children's or another Level 1 Trauma Center. Our job is to save their life with a medical intervention. But we cannot simply fulfill this role and expect that this is enough. We know that a brief intervention in the hospital followed by intensive community-based case management services that connects our patients with appropriate resources can help to reduce the number of future hospital visits. These supportive resources range from food and housing to mental health services and jobs programs. While we know that this work improves outcomes for patients, recent studies also support the HVIP approach by demonstrating clear evidence that HVIPs produce a cost savings. Medicaid reimbursement for these hospital-based programs will strengthen our capacity to support individuals, families, and communities impacted by violence.

We are pleased to also see funding to support additional community violence prevention initiatives, including \$3.6 million in funding for the Department of Public Health to support a public

health approach to community gun violence prevention and intervention. These critical funds will help healthcare organizations, community nonprofits, and advocates fund outreach and programs to help prevent gun violence through a variety of strategies. We are also supportive of funding for a statewide gun buyback program to help get guns off the streets. For many years, Connecticut Children's has partnered with community organizations to help support an annual buyback program in Hartford which incentivizes residents to relinquish their firearms and helps make communities safer for families.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Emily Boushee (eboushee@connecticutchildrens.org), Government Relations Associate.